

Certificate of Mailing
I hereby certify that this correspondence is being deposited on
7-29-05 with the United States Postal Service
with sufficient postage as first class mail in an envelope addressed
to:
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Typed or Printed name of person signing this certificate:
Mary Curtin
Signature: *Mary Curtin*

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Hagopian et al.

Serial No.: 10/710,801

Filed: June 28, 2004

For: **PRODUCT COMPRISING A THIN-FILMED
RADIATION-CURED COATING ON A THREE-
DIMENSIONAL SUBSTRATE**

) Examiner: Leszek B. Kiliman
)
) Art Unit: 1773
)
) **CUSTOMER NO. 24024**
)
) Confirmation No.: 4809
)
) Attorney Docket No.: 27475/07709
)

Mail Stop Petition
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PETITION TO AMEND ORDER OF INVENTOR NAMES

This is a petition to change the order of the names of the inventors pursuant to MPEP
605.04(f).

Attached is an Application Data Sheet which identifies the new order of the inventors
name.

A check in the amount of \$130.00 as payment of the fee required by 37 C.F.R. 1.182 is
enclosed.

Accordingly, issuance of the Letters Patent naming the inventors in the order as set forth
on the enclosed Application Data Sheet is respectfully solicited.

08/02/2005 MBERHE 00000034 10710801

01 FC:1464

130.00 OP

Copied from 10710801 on 08/08/2005

Adjustment date: 06/16/2006 CKHLOK
06/09/2006 SFEKADUI 00000038 10710810
01 FC:1464

-130.00 OP

06/16/2006 CKHLOK 00000021 030172 10710801

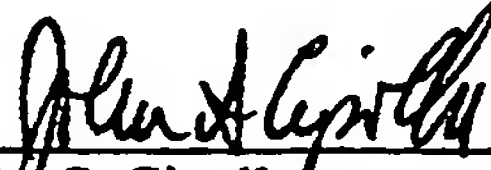
01 FC:1462

270.00 DA

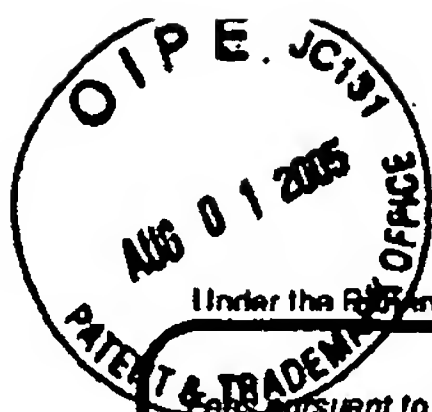
130.00 EP

Should any additional fees be required, please charge deposit account No. 03-0172.

Respectively submitted,



John S. Cipolla
Attorney for Applicants
Reg. No. 37,597



PTO/SB/17 (12-04v2)

Approved for use through 07/31/2008. OMB 0851-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
F r FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 130.00

Complete if Known

Application Number	10/710,801
Filing Date	June 28, 2004
First Named Inventor	Hagopian et al.
Examiner Name	Lesz k B. Kiliman
Art Unit	1773
Attorney Docket No.	27475/07709

METHOD OF PAYMENT (check all that apply)☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 03-0172 Deposit Account Name: Calfee, Halter & Griswold

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
--------------	--------------	----------	---------------

- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
---------------	--------------	----------	---------------

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
--------------	--------------	--	----------	---------------

- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition to Amend Order of Inventor Names \$130.00**SUBMITTED BY**

Signature	<u>[Signature]</u>	Registration No. (Attorney/Agent) 37,597	Telephone 216/622-8808
Name (Print/Type)	John S. Cipolla		Date <u>7/28/05</u>

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Copied from 10710801 on 08/08/2005